
State:	District of Columbia	Filing Company:	Builders Mutual Insurance Company
TOI/Sub-TOI:	09.0 Inland Marine/09.0000 Inland Marine Sub-TOI Combinations		
Product Name:	Enhanced Builders Risk		
Project Name/Number:	BR 60 07 & BR 60 08/DC-EBR-16-F-2		

Filing at a Glance

Company:	Builders Mutual Insurance Company
Product Name:	Enhanced Builders Risk
State:	District of Columbia
TOI:	09.0 Inland Marine
Sub-TOI:	09.0000 Inland Marine Sub-TOI Combinations
Filing Type:	Form
Date Submitted:	11/07/2016
SERFF Tr Num:	BDMT-130798550
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	DC-EBR-16-F-2
Effective Date	03/01/2017
Requested (New):	
Effective Date	03/01/2017
Requested (Renewal):	
Author(s):	Dave Boyce
Reviewer(s):	Angela King (primary)
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

State: District of Columbia **Filing Company:** Builders Mutual Insurance Company
TOI/Sub-TOI: 09.0 Inland Marine/09.0000 Inland Marine Sub-TOI Combinations
Product Name: Enhanced Builders Risk
Project Name/Number: BR 60 07 & BR 60 08/DC-EBR-16-F-2

General Information

Project Name: BR 60 07 & BR 60 08
Project Number: DC-EBR-16-F-2
Reference Organization:
Reference Title:
Filing Status Changed: 11/10/2016
State Status Changed:
Created By: Dave Boyce
Corresponding Filing Tracking Number:

Status of Filing in Domicile:
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:

Deemer Date:
Submitted By: Dave Boyce

Filing Description:

Builders Mutual Insurance Company (BMIC) is submitting two Enhanced Builders Risk Forms for your approval. This filing will be applicable to all new and renewal business effective on or after 03/01/17.

BMIC has developed two new optional forms for use with BMIC's Enhanced Builders Risk policies:

The BR 60 07 03 17A - Material Coverage Change Or Cancellation Notification – Certified Mail.

This newly developed form is designed to ensure that Additional Insureds or Organizations are provided advanced notice in the event that coverage is to be reduced or canceled through certified mail, return receipt requested. The amount of such notice is determined by the Additional Insured or Organization.,

The BR 60 08 03 17A – Material Coverage Change Or Cancellation Notification.

This newly developed form also allows Additional Insureds and Organizations to choose the amount of advance notice to be provided them in the event that coverage is to be reduced or cancelled. It differs from the BR 60 07 in that it only provides for the notice to be delivered through regular United States Postal delivery.

Company and Contact

Filing Contact Information

Dave Boyce, Product Specialist	dboyce@bmico.com
PO Box 15005	800-809-4858 [Phone] 362 [Ext]
Raleigh, NC 27624	919-845-9385 [FAX]

Filing Company Information

Builders Mutual Insurance Company	CoCode: 10844	State of Domicile: North Carolina
P.O. Box 150005	Group Code: 4507	Company Type:
Raleigh, NC 27624	Group Name: Builders Mutual Group	State ID Number:
(800) 809-4858 ext. 362[Phone]	FEIN Number: 56-2046050	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State:	District of Columbia	Filing Company:	Builders Mutual Insurance Company
TOI/Sub-TOI:	09.0 Inland Marine/09.0000 Inland Marine Sub-TOI Combinations		
Product Name:	Enhanced Builders Risk		
Project Name/Number:	BR 60 07 & BR 60 08/DC-EBR-16-F-2		

Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Material Coverage Change Or Cancellation Notification – Certified Mail	BR 60 07 03 17A	03 17	CNR	New			BR 60 07 03 17A BMIC Certified Notice.pdf
2		Material Coverage Change Or Cancellation Notification	BR 60 08 03 17A	03 17	CNR	New			BR 60 08 03 17A BMIC Regular USPS Delivery.pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

POLICY NUMBER:

BR 60 07 03 17A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MATERIAL COVERAGE CHANGE OR CANCELLATION NOTIFICATION – CERTIFIED MAIL

This endorsement modifies insurance provided under the following:

**BUILDERS RISK COVERAGE PART
ENHANCED BUILDERS RISK COVERAGE PART**

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s) and mailing address:	Location And Description Of Project

We will not cancel or reduce coverage under this policy without providing at least _____ days notice of our intent to do so. Notice of such cancellation or reduction of coverage will be provided by certified mail, return receipt requested, to the Named Insured and the Additional Insured in the schedule above.

POLICY NUMBER:

BR 60 08 03 17A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MATERIAL COVERAGE CHANGE OR CANCELLATION NOTIFICATION

This endorsement modifies insurance provided under the following:

**BUILDERS RISK COVERAGE PART
ENHANCED BUILDERS RISK COVERAGE PART**

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s) and mailing address:	Location And Description Of Project

We will not cancel or reduce coverage under this policy without providing at least _____ days notice of our intent to do so. Notice of such cancellation or reduction of coverage will be provided by regular United States Postal Service delivery, to the Named Insured and the Additional Insured in the schedule above.

State:	<i>District of Columbia</i>	Filing Company:	<i>Builders Mutual Insurance Company</i>
TOI/Sub-TOI:	<i>09.0 Inland Marine/09.0000 Inland Marine Sub-TOI Combinations</i>		
Product Name:	<i>Enhanced Builders Risk</i>		
Project Name/Number:	<i>BR 60 07 & BR 60 08/DC-EBR-16-F-2</i>		

Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	NA we are filing on our own behalf
Attachment(s):	
Item Status:	
Status Date:	